

# EARLY HEAD START TIP SHEET

No. 20

## **How do infant and toddler sleeping arrangements meet the Head Start Performance Standards and incorporate best practice?**

### **Response:**

Everyday routines and rituals, such as naptimes, provide rich opportunities to promote infants' and toddlers' ability to develop secure relationships and self-regulation strategies. Individualized and responsive care through predictable sleep routines carried out by consistent caregivers is key.

#### *Individualizing plans*

Programs work with parents to ensure that sleeping arrangements match the family's culture and the child's developmental and comfort needs. Parents provide specific information on their child's routines and skills as well as the family's practices and cultural traditions. It is important for children to have familiar routines, as much as possible, within the home and center-based setting. Information that helps to support continuity of sleeping patterns include the child's fatigue signals, typical times and duration of sleep, methods for falling asleep, use of pacifier or special blanket, and philosophies on sleeping and crying. Programs also use their knowledge of individual family practices to facilitate individualized sleeping plans.

#### *Building relationships*

An integral part of each staff member's training plan includes relationship building with families. It is through their relationships with families that staff learn about the child's sleeping patterns and home practices; and together they incorporate these strategies into the classroom experience.

Staff and programs may be challenged when family practices conflict with their own personal or professional philosophies about sleep. For example, HSPS 1304.23(c)(5) states that a child may not be placed to sleep with a bottle. Staff share information with the family on the intention of preventing bottle-mouth tooth decay and facilitates discussion on alternative plans. A trusting, respectful relationship with each family provides the opportunity to help families comfortably integrate new practices into their routines.

Staff are open to the traditional and cultural practices of families. In many cultures, families co-sleep. Babies/toddlers may not be accustomed to sleeping alone. This practice may require staff to hold a baby/toddler until he/she is able to calm him/herself and fall asleep.

#### *Spacing within center-based programs*

Some programs provide options other than cribs for sleeping, such as mats or cradle boards. No matter the type of sleeping surface chosen, programs are to address and meet the health and safety concerns stated within the Head Start Performance Standard. Each crib is to be separated by at least three feet of space. The intention of the regulation is to lessen the spread

of contagious illnesses and to ensure quick accessibility to each child in case of emergencies. If programs use mats, cradle boards, or cots, these items are distributed around the classroom according to the Head Start Performance Standards' space requirements. Sleeping items are cleaned and stored properly between rest times. Programs also ensure that all sleeping surfaces are firm and that each sleeping area avoids soft bedding materials, such as pillows, bumper pads, and stuffed animals. This regulation is in place to limit the incidences of Sudden Infant Death Syndrome (SIDS).

Programs ensure that at least 35 square feet of usable indoor space per child is available for play and exploration times. This is a minimum space requirement and does not include the area occupied by cribs. Health and safety regulations remain a priority in all circumstances.

### **Considerations:**

- How does the program ensure parent involvement in designing their child's sleeping arrangement so that it is individualized, culturally appropriate and developmentally suitable?
- What types of communication occurs between parents and staff about the child's sleeping needs and napping routines?
- What process does the program have for problem solving in parent-caregiver conflicts over napping issues?
- How does the program ensure a safe, cozy, comfortable, and peaceful napping environment for each child?
- How well do the napping routines fit into the overall program structure and philosophy? How well do the routines work for the staff? For the families? For the children?
- How does the program allow the child to set their own schedules?
- How does the program ensure consistency in the way the child is put to sleep?
- How are transitions from one type of sleeping arrangement to another handled?
- How does the program ensure child safety when deciding on types of sleeping materials and placement of sleeping surfaces within the sleeping area?
- How does the program ensure that sanitation and storage procedures are being properly implemented?
- How does the program work with partners to ensure the Head Start regulations are being implemented in community child care facilities?
- What types of staff development opportunities are in place to address the individual and culturally varied sleeping practices?

### **Performance Standards, Title 45, Code of Federal Regulations:**

- 1304.21(a)(i-iii) Parents must be invited to become integrally involved in the development of the program's curriculum and approach to the child development and education; provided opportunities to increase their child observation skills and to share assessments with staff that will help plan the learning experiences; and encouraged to participate in staff-parent conferences and home visits to discuss their child's development and education.

- 1304.40(e)(1) Grantee and delegate agencies must provide opportunities to include parents in the development of the program's curriculum and approach to child development and education.
- 1304.22(e)(7) Grantee and delegate agencies operating program for infants and toddlers must space cribs and cots at least three feet apart to avoid spreading contagious illness and to allow for easy access to each child.
- 1304.23(c)(5) Infants are held while being fed and are not laid down to sleep with a bottle.
- 1304.53(b)(3) To reduce the risk of Sudden Infant Death Syndrome (SIDS), all sleeping arrangements for infants must use firm mattresses and avoid soft bedding materials such as comforters, pillows, fluffy blankets or stuffed toys.
- 1304.53 (a)(5) Centers must have at least 35 square feet of usable indoor space per child available for the care and use of children (i.e. exclusive of bathrooms, halls, kitchen, staff rooms, and storage places) and at least 75 square feet of usable outdoor play space per child.
- 1304.53(b)(1) Grantee and delegate agencies must provide and arrange sufficient equipment, toys, materials, and furniture to meet the needs and facilitate the participation of children and adults.

## **Resources:**

U.S. Department of Health and Human Services (2000) **Head Start Center Design Guide. The Administration for Children and Families** Section 7.7.4

EHS Tip Sheet # 10 ***How can an EHS program have a written curriculum with lesson plans and still follow the baby's lead as he/she creates his/her own curriculum?***

American Academy of Pediatrics (2002) **Caring for Out Children: National Health and Safety Standards: Guidelines for Out-of-Home Child Care Programs.** 2<sup>nd</sup> Edition. Maternal and Child Health Bureau Standard 5.144

Gonzalez-Mena, Janet (1990) ***Sleeping and Naptime. Infant/Toddler Caregiving: A Guide to Routines.*** California Department of Education: Sacramento, CA

Rob Stein (2003) ***More Parents Bring Baby to Bed.*** Washington Post  
Available via <http://www.washingtonpost.com/wp-dyn/articles/A51957-2003Jan13.html>

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*The Tip Sheet is not a regulatory document and is for internal use only. Its intent is to provide a basis for dialogue, clarification, and problem solving among Regional Offices and grantees.*